



National
Aeronautics and
Space
Administration

Resident Research Associateship (RRA) Request for Approval

Format 2 (Fiscal Year 20 ____)

OFFICE CODE	PROGRAM/PROJECT/SPECIFIC TECHNICAL AREA
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REQUIREMENTS

☐ NEW NAME OF RRA: _____

☐ RENEWAL RENEWAL DATE: _____

DESCRIPTION OF RESEARCH PROPOSED ACTIVITIES, OR SUMMARY OF LAST YEAR'S ACCOMPLISHMENTS *(Must contain a sufficient level of detail to allow for appropriate review)*

FUNDS TO BE PROVIDED BY:

<input type="checkbox"/> OSF	CENTER
AMOUNT: _____	AMOUNT: _____
SOURCE: _____	SOURCE: _____

CENTER	CENTER RRA REPRESENTATIVE	<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE
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CENTER RESEARCH ADVISOR	CENTER RESEARCH ADVISOR SIGNATURE
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HEADQUARTERS CONCURRENCE			
HQ ENTERPRISE TECHNICAL REP.	<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	HQ ENTERPRISE TECHNICAL REP. SIGNATURE	DATE
HQ RRA TASK MONITOR		HQ RRA TASK MONITOR SIGNATURE	DATE
HQ RESOURCE MONITOR	CENTER PR	AMOUNT	DATE